

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024531

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3256

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OFUSE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY: <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3301 Paseo</b>		d. STREET ADDRESS <b>3301 Paseo</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>GLADYS</b> Middle <b>A.</b> Last <b>Parke</b>		4. DATE OF DEATH Month <b>June</b> Day <b>8</b> Year <b>1963</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9 Nov, 1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired school teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>KC Public Schools</b>	11. BIRTHPLACE (City and state or country) <b>Franklin Co., Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Wm. Parke</b>	
13b. MOTHER'S MAIDEN NAME <b>Caroline Eimbeck</b>		14. NAME OF HUSBAND OR WIFE <b>Carl Eimbeck, 8015 Forsyth, Clayton, Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Carl Eimbeck, 8015 Forsyth, Clayton, Mo.</b>		Address <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b> DUE TO (b) <b>Generalized Atherosclerosis</b> DUE TO (c) <b>44 yrs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Seconds</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Parosmia Syndrome</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m. Month, Day, Year <b>[REDACTED]</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>[REDACTED]</b> COUNTY <b>[REDACTED]</b> STATE <b>[REDACTED]</b>	
21. I attended the deceased from <b>1960</b> to <b>June 8 1963</b> and last saw her alive on <b>June 5 1963</b> Death occurred at <b>Linwood, Mo.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>[Signature]</b>		22b. ADDRESS <b>1322 Prof Bg</b> <b>Kansas City 6 Mo</b>	
22c. DATE SIGNED <b>6/9/63</b>		22d. DATE SIGNED <b>[REDACTED]</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>June 9, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Haven, Mo. Cemetery</b>	23d. LOCATION (City, town, or county) <b>New Haven, Mo.</b>
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar, 20 W. Linwood, KC,</b>		25. DATE RECD. BY LOCAL REG. <b>6-9-63</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

Dr. William H. Goodson  
Prof. Bldg.  
VI. 2-3434

Home  
46 E. 54  
HI. 4-3010

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STATEMENT BY LICENSED EMBALMER

0-09

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.